Amended Statement Cover

AMENDMENT 1

The following statutory financial statement pages are being refiled:

Schedule S - Part 3 - Section 2 (Page 44)

Schedule Y - Part 1 (Page 50)

Schedule B - Part 1 (Pages E04, E04.1)

Supplement MD&A - Management's Discussion and Analysis



ANNUAL STATEMENT

For the Year Ending December 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

NAIC Group Code	0000	,	NAIC	Company Co	de6	7032	Employer's I	D Number	56-0340860		
Organized under th	(current period) e Laws of	(prior period) North Carolina	_,		State of	of Domicile o	r Port of Entry _	NORTH	CAROLINA		
Country of Domicile	United States of	America_									
Incorporated/Organ	ized	02/28/1899		Cor	nmenced Bu	usiness		04/01/1899			
Statutory Home Off	fice	411 W. Chapel Hill	Street	,			Ourham, NC 277				
Main Administrative	Office	(Street and Number	•	1 W. Chapel F	Hill Street	(City	y or Town, State an	d Zip Code)			
Wall / Carllinot dave	-		711	(Street and N							
	Durh (City	am, NC 27701-3616 or Town, State and Zip Cod	e)			(Are	(919) 682-920 a Code)(Telephone				
Mail Address		411 W. Chapel Hill Stre		,	Durham, NC 27701-3616						
Primary Location of	Rooks and Record	(Street and Number	,	11 W. Chapel	Hill Stroot	(City	y or Town, State an	d Zip Code)			
Tilliary Location of	DOOKS and Necord	·	4	(Street and N							
		m, NC 27701-3616 or Town, State and Zip Cod	e)		(919) 682-9201 (Area Code)(Telephone Number)						
Internet Website Ad	` *	ncmutual	•			(7110	a codo)(Tolophone	, riambor,			
Statutory Statemen	t Contact	Kamlesh Sha	ah				(919) 313-78	307			
,		(Name	e)			(A	rea Code)(Telephor	,			
		ah@ncmutuallife.com ail Address)					(919) 313-87 (Fax Number				
			PRINCIPAL OF	FFICER	S***						
President and Ch Senior Vice Pres						HERBER' RD LEE H	T SPEED JR.,	CPA			
		tion/Human Resource	es				ALL HNSON-LOP	EZ. SPHR			
Vice President-	Accounting Serv	ices				ALAN BA		,			
Vice President-C							OY THOMPSO	ON, JR, FSA	, MAAA		
Vice President-I							ON DAVIS ELL CORLEW	r			
CAROL MOCEL	EVDDAIDI		DIRECTORS*		пппп	LEMONDI	E GHAN (DEDG				
CAROL MOSEL BERT COLLINS			ERSKINE BOYCE BOWLI JOE LOUIS DUDLEY, SR.				E CHAMBERS OR GARRETT,				
ELLIOTT SAWY	ER HALL		JAMES HERBERT SPEED				STEIN LONG,				
PHAIL WYNN J	R. #										
State of Nor	rth Carolina										
County of	Durham s	S									
The officers of this	reporting entity bei	ng duly sworn each den	ose and say that they are the d	described offic	cers of said	reporting ent	ity and that on t	he reporting pe	riod stated above		
all of the herein de	escribed assets we	re the absolute property	of the said reporting entity, fr	ree and clear	from any lie	ens or claim	s thereon, excep	pt as herein sta	ated, and that this		
			nations therein contained, anne								
accordance with the	s of the said reporti e NAIC. <i>Annual Sta</i> i	ng entity as of the report tement Instructions and	ing period stated above, and of Accounting Practices and Proce	r its income ar edures manua	na aeauction al except to t	is ineretrom the	for the period end at: (1) state law	may differ or	Deen completed in (2) that state rules		
			accounting practices and proce								
Furthermore, the so	cope of this attestati	on by the described office	ers also includes the related co	orresponding e	electronic fili	ing with the N	NAIC, when requi	ired, that is an e	exact copy (except		
for formatting differ statement.	rences due to elect	ronic filing) of the enclo	sed statement. The electronic	filing may be	requested	by various re	egulators in lieu	of or in additio	n to the enclosed		
statement.											
	(Signature)		(Sig	gnature)			(Signature)				
James Herbert Speed, Jr.				urtis Barnes			David Alan Baylock				
	(Printed Name) 1.		(Print	(Printed Name) 2.				(Printed Nar 3.	ne)		
President, CEO			Corporate				Vice President - Accounting Services				
	(Title)		(Ti	itle)				(Title)			
Subscribed and sw	orn to before me thi	is									
<u>26 th</u> day of _	May	, 2009		a la thia	an original	filing?		V00 [1 A	lo [Y]		
					an original	•		Yes[] N	ı∪ [∧]		
(Notary I	Public Signature)			b. If no:	1. State 2. Date	the amendm		1 05/27/2009			
(110taly 1	2.3					per of pages		9			

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

Code Number Date Name of Company Location Type Premiums (estimated) Premiums Year Reserve Coinsurance Authorized General Account - Non-Affiliates 10357 52-1952955 05/01/2002 PLATINUM UNDERWRITERS REINS INC MD CO/G (10) 19453 13-5616275 01/01/2005 TRANSATLANTIC REIN CO NEW YORK, NY CO/G (8) 10227 13-4924125 10/01/2005 MUNICH REINS AMER INC DE CO/G 660,707 97055 59-2213662 10/01/2004 MEGA LIFE & HLTH INS CO THE OK CO/G 35,280 38776 13-2997499 10/01/2004 MITTER MUNITANS REINS CO OF AMER CT OTH/G 22,545 10299999 Subtotal - Authorized General Account - Non-Affiliates 718,514	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
NAIC Federal Company ID Effective Date Name of Company Location Type Premiums (estimated) Premiums Year Year Reserve Coinsurance Coinsur	1	2	3	4 5		6	7	8	9	Outstanding Surplus Relief		12	13
NAIC Federal Company ID Effective Code Name of Company Location Type Premiums Company Compan									Reserve	10	11		
Company ID									Credit Taken				Funds
Code Number Date Name of Company Location Type Premiums (estimated) Premiums Year Year Reserve Coinsurance	NAIC	Federal						Unearned	Other than for			Modified	Withheld
Code Number Date Name of Company Location Type Premiums (estimated) Premiums Year Reserve Coinsurance Authorized General Account - Non-Affiliates 10357 52-1952955 05/01/2002 PLATINUM UNDERWRITERS REINS INC MD CO/G (10) 19453 13-5616275 01/01/2005 TRANSATLANTIC REIN CO NEW YORK, NY CO/G (8) 10227 13-4924125 10/01/2005 MUNICH REINS AMER INC DE CO/G 660,707 97055 59-2213662 10/01/2004 MEGA LIFE & HLTH INS CO THE OK CO/G 35,280 38776 13-2997499 10/01/2004 MITTER MUNITANS REINS CO OF AMER CT OTH/G 22,545 10299999 Subtotal - Authorized General Account - Non-Affiliates 718,514	Company	ID	Effective					Premiums	Unearned	Current	Prior	Coinsurance	Under
Authorized General Account - Non-Affiliates		Number	Date	Name of Company	Location	Type	Premiums	(estimated)	Premiums	Year	Year	Reserve	Coinsurance
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13-2997499 10/01/2004 WHITE MOUNTAINS REINS CO OF AMER CT OTH/G 22,545			10/01/2005	MECA LIEE & HI THING CO THE	DE	. CO/G	35 280						
18,514			10/01/2004										
1039999 Total - Authorized General Account - Non-Affiliates 104/01/2006 LIBERTY UNION LIFE ASSUR CO MADISON HEIGHTS, MICHIGAN CO/G 7,642 CO/O0000 AA-0040031 01/01/2008 TRISTAR LTD CAYMAN ISLANDS OTH/G 3,340,063 COMPANION CAPTIVE INS CO SC OTH/G 1,288,240 CO/O0000 AA-9992010 05/01/2001 TEXAS HLTH REINS SYSTEMS AUSTIN, TX CO/G CO/G CO/G CO/G CO/G CO/O0000 CO						_							
Unauthorized General Account - Non-Affiliates													
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0599999 Subtotal - Unauthorized General Account - Non-Affiliates 1,636,906 0699999 Total - Unauthorized General Account 1,636,906 0799999 Total - Authorized and Unauthorized General Account 2,355,420			01/01/2004	NATIONAL PACIFIC DENTAL INC	DALLAS,TX	. CO/G							
0699999 Total - Unauthorized General Account 1,636,906 0799999 Total - Authorized and Unauthorized General Account 2,355,420	00000	AA-9992010	05/01/2001	TEXAS HLTH REINS SYSTEMS	AUSTIN, TX	CO/G							
0799999 Total - Authorized and Unauthorized General Account 2,355,420	0599999 Subtotal - Unauthorized General Account - Non-Affiliates					1,636,906							
	0699999 Total - Unauthorized General Account					1,636,906							
159999 Totals 2,355,420	0799999 Total - Authorized and Unauthorized General Account				2,355,420								
	1599999 Totals					2,355,420							